NORTH CENTRAL HEALTH CARE FACILITY

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1100 LAKE VIEW DR

WAUSAU 54403 Ownershi p: Phone: (715) 848-4600 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Yes Number of Beds Set Up and Staffed (12/31/01): 320 Total Licensed Bed Capacity (12/31/01): 340 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 302 Average Daily Census: 308

| Services Provided to Non-Residents                            |            | Age, Sex, and Primary Diagn                           | Length of Stay (12/31/01) | %                    |                  |   |                |
|---|------------|---|---------------------------|----------------------|------------------|---|----------------|
| Home Health Care<br>Supp. Home Care-Personal Care             | No<br>No   | Primary Diagnosis                                     | %                         | Age Groups           | %                | Less Than 1 Year<br>1 - 4 Years                 | 29. 8<br>34. 8 |
| Supp. Home Care-Household Services                            |            | Developmental Disabilities                            | 5. 3                      | Under 65             | 15. 6            | More Than 4 Years                               | 34. 6<br>35. 4 |
| Day Services<br>Respite Care                                  | No<br>No   | Mental Illness (Org./Psy)<br>  Mental Illness (Other) | 22. 8<br>8. 9             | 65 - 74<br>  75 - 84 | 12. 6<br>34. 8   |   | 100. 0         |
| Adult Day Care  | No         | Alcohol & Other Drug Abuse                            | 0. 0                      | 85 - 94              | 32. 5            | ********  | ******         |
| Adult Day Health Care<br>Congregate Meals                     | No<br>No   | Para-, Quadra-, Hemi pl egi c<br>Cancer               | 0. 0<br>3. 3              | 95 & 0ver            | 4. 6             | Full-Time Equivalen<br>Nursing Staff per 100 Re |                |
| Home Delivered Meals  | No         | Fractures   | 2. 0                      |                      | 100. 0           | (12/31/01)                                      | sidents        |
| Other Meals<br>Transportation                                 | No<br>No   | Cardi ovascul ar<br>  Cerebrovascul ar                | 19. 9<br>0. 0             | 65 & 0ver            | 84. 4            | RNs   | 14. 8          |
| Referral Service  | No         | Di abetes   | 7. 6                      | Sex                  | %                | LPNs  | 4. 1           |
| Other Services  | No         | Respiratory<br>Other Medical Conditions               | 0. 0<br>30. 1             | Mala                 | <br>40 1         | Nursing Assistants,<br>Aides. & Orderlies       | E1 E           |
| Provide Day Programming for Mentally Ill                      | No         | ther medical conditions                               | 30. 1                     | Male<br>  Female     | 40. 1  <br>59. 9 | Ardes, & Orderries                              | 51. 5          |
| Provide Day Programming for                                   | <b>3</b> 7 |   | 100. 0                    |                      | 100.0            |   |                |
| Developmentally Disabled ************************************ | Yes        | <br>************                                      | *****                     | <br>************     | 100.0            | *********                                       | *****          |

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## Method of Reimbursement

|                     |      | Medicare<br>Title 18 |                      |     | edicaid<br>itle 19 |                      |     | 0ther |                      |     | Pri vate<br>Pay | ;                    |     | amily<br>Care |                      |     | anaged<br>Care | l                    |                          |                  |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|------------------|
| Level of Care       | No.  | %                    | Per<br>Di em<br>(\$) | No. | %                  | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %             | Per<br>Di em<br>(\$) | No. | %              | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>Of<br>3 All |
| Int. Skilled Care   | 0    | 0. 0                 | 0                    | 3   | 1. 2               | 133                  | 0   | 0. 0  | 0                    | 0   | 0. 0            | 0                    | 0   | 0. 0          | 0                    | 0   | 0.0            | 0                    | 3                        | 1. 0             |
| Skilled Care        | 16   | 100.0                | 249                  | 225 | 91. 1              | 114                  | 0   | 0.0   | 0                    | 39  | 100.0           | 150                  | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 280                      | 92. 7            |
| Intermediate        |      |                      |                      | 8   | 3. 2               | 94                   | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 8                        | 2.6              |
| Limited Care        |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0              |
| Personal Care       |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0              |
| Residential Care    |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0              |
| Dev. Di sabl ed     |      |                      |                      | 11  | 4. 5               | 165                  | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 11                       | 3.6              |
| Traumatic Brain Inj | 0    | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0              |
| Ventilator-Depender | nt 0 | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0              |
| Total               | 16   | 100.0                |                      | 247 | 100.0              |                      | 0   | 0.0   |                      | 39  | 100.0           |                      | 0   | 0.0           |                      | 0   | 0.0            |                      | 302                      | 100.0            |

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County: Marathon NORTH CENTRAL HEALTH CARE FACILITY Facility ID: 9820

| Admissions, Discharges, and Deaths During Reporting Period  Percent Admissions from: Private Home/No Home Health Private Home/With Home Health O.0 Other Nursing Homes Psych. HospMR/DD Facilities Other Locations Percent Discharges Total  Percent Distribution of Residents'  Activities of % Meeding Assistance of % Total 1y Number of Discharges One Or Two Staff Dependent Residents Por One Or Two Staff Dependent Residents Assistance of % Total 1y Number of Discharges One Or Two Staff Dependent Assistance of % Total 1y Number of Discharges One Or Two Staff Dependent Assistance of % Total Number of Wassistance of % Total 1y Number of Discharges  Needing Assistance of % Total Number of Wassistance of % Total 1y Number of Wassistance of % Total Number of W   | **********                     | ***** | *********             | ******               | *****                | ******          | *******                    | ******     |
|--|--------------------------------|-------|-----------------------|----------------------|----------------------|-----------------|----------------------------|------------|
| Percent Admissions from Private Home/No Home Health Privat | Admi ssi ons, Di scharges, and |       | Percent Distribution  | of Residents'        | Condi t              | ions, Services, | and Activities as of 12    | /31/01     |
| Percent Admissions from: Private Home/No Home Health 9.7   Daily Living (ADL)   Independent   One Or Two Staff   Dependent   Residents   Private Home/With Home Health   0.0   Bathing   1.3   40.4   58.3   302   Other Nursing Homes   4.7   Dressing   9.3   53.0   37.7   302   Acute Care Hospitals   74.8   Transferring   25.8   44.0   30.1   302   Psych. HospNR/DD Facilities   9.3   Toilet Use   15.2   39.4   45.4   302   Other Locations   1.6   ***********************************  | Deaths During Reporting Period |       |                       |                      |                      |                 |                            |            |
| Private Home/No Home Health Private Home/With Home Health O. 0 Other Nursing Homes Acute Care Hospitals Psych. HospMR/DD Facilities Other Locations Private Home/With Home Health O. 0 Other Nursing Homes Acute Care Hospitals Other Locations Other Nursing Homes Acute Care Hospitals Other Nursing Homes Acute Care Hospitals Other Locations Other Nursing Homes Acute Care Hospitals Other Locations Other Nursing Homes Acute Care Hospitals Other Locations Other Loca    |                                |       | ĺ                     |                      |                      | % Needi ng      |                            | Total      |
| Private Home/With Home Health Other Nursing Homes         0.0         Bathing         1.3         40.4         58.3         302           Other Nursing Homes         4.7         Dressing         9.3         53.0         37.7         302           Acute Care Hospitals         74.8         Transferring         25.8         44.0         30.1         302           Psych. HospMR/DD Facilities         9.3         Toilet Use         15.2         39.4         45.4         302           Rehabilitation Hospitals         0.0         Eating         50.0         34.1         15.9         302           Other Locations         1.6         ************************************   | Percent Admissions from:       |       | Activities of         | %                    | As                   | sistance of     | % Totally                  | Number of  |
| Other Nursing Homes         4.7         Dressing         9.3         53.0         37.7         302           Acute Care Hospitals         74.8         Transferring         25.8         44.0         30.1         302           Psych. HospMR/DD Facilities         9.3         Toilet Use         15.2         39.4         45.4         302           Rehabilitation Hospitals         0.0         Eating         50.0         34.1         15.9         302           Other Locations         1.6         ************************************   |                                | 9. 7  | Daily Living (ADL)    | Independent          | 0ne                  | or Two Staff    | Dependent                  | Resi dents |
| Acute Care Hospitals   | Private Home/With Home Health  | 0. 0  | Bathi ng              |                      |                      |                 | <b>58</b> . 3              |            |
| Psych   Hosp   -MR/DD   Facilities   9.3   Toilet   Use   15.2   39.4   45.4   302   |                                |       | Dressi ng             | 9. 3                 |                      | <b>53. 0</b>    | 37. 7                      | 302        |
| Rehabilitation Hospitals Other Locations Other Nursing Homes Acute Care Hospitals Psych. HospMR/DD Facilities Rehabilitation Hospitals Other Locations Other   |                                |       |                       | 25. 8                |                      |                 | 30. 1                      | 302        |
| Other Locations  1. 6   **********************************   |                                | 9. 3  | Toilet Use            | 15. 2                |                      |                 |                            |            |
| Total Number of Admissions 258   Continence  |                                | 0.0   | Eating                | <b>50</b> . <b>0</b> |                      | 34. 1           | 15. 9                      | 302        |
| Percent Discharges To: Private Home/No Home Health Private Home/No Home Health Private Home/With Home Health Occ/Freq. Incontinent of Bladder Private Home/With Home Health Occ/Freq. Incontinent of Bowel Private Home/With Home Health Occ/Freq. Incontinent of Bladder Occ/Freq. Incontinen | Other Locations                | 1.6   | **************        | ******               | ******               | *******         | ********                   | ******     |
| Private Home/No Home Health Private Home/With Home Health O.0   Occ/Freq. Incontinent of Bladder of Bowel   47.0   Receiving Tracheostomy Care   0.3   Other Nursing Homes   4.2   Receiving Suctioning   0.3   Receiving Ostomy Care   1.7   Receiving Tube Feeding   2.6   Receiving Tracheostomy Care   0.3   Receiving Suctioning   0.3   Receiving Ostomy Care   1.7   Receiving Tube Feeding   2.6   Receiving Mechanically Altered Diets   48.3   Rehabilitation Hospitals   0.0   Other Locations   7.2   Skin Care   Other Resident Characteristics   Deaths   38.9   With Pressure Sores   2.3   Have Advance Directives   86.1   Total Number of Discharges   With Rashes   13.2   Medications  |                                | 258   |                       |                      |                      | 1               |                            | %          |
| Private Home/With Home Health 0.0   Occ/Freq. Incontinent of Bowel 47.0   Receiving Suctioning 0.3   Other Nursing Homes 4.2   Receiving Ostomy Care 1.7   Acute Care Hospitals 8.7   Mobility   Receiving Tube Feeding 2.6   Psych. HospMR/DD Facilities 0.8   Physically Restrained 3.6   Receiving Mechanically Altered Diets 48.3   Rehabilitation Hospitals 0.0   Other Locations 7.2   Skin Care   Other Resident Characteristics   Deaths 38.9   With Pressure Sores 2.3   Have Advance Directives 86.1   Total Number of Discharges   With Rashes 13.2   Medications   |                                |       |                       |                      |                      |                 |                            |            |
| Other Nursing Homes 4.2 Receiving Ostomy Care 1.7 Acute Care Hospitals 8.7 Mobility Receiving Tube Feeding 2.6 Psych. HospMR/DD Facilities 0.8 Physically Restrained 3.6 Receiving Mechanically Altered Diets 48.3 Rehabilitation Hospitals 0.0 Other Locations 7.2 Skin Care Other Resident Characteristics Deaths 38.9 With Pressure Sores 2.3 Have Advance Directives 86.1 Total Number of Discharges With Rashes 13.2 Medications  |                                |       |                       |                      |                      |                 |                            |            |
| Acute Care Hospitals 8.7   Mobility Receiving Tube Feeding 2.6 Psych. HospMR/DD Facilities 0.8   Physically Restrained 3.6 Receiving Mechanically Altered Diets 48.3 Rehabilitation Hospitals 0.0   Other Locations 7.2   Skin Care Other Resident Characteristics Deaths 38.9   With Pressure Sores 2.3 Have Advance Directives 86.1   Total Number of Discharges   With Rashes 13.2 Medications  |                                |       | 0cc/Freq. Incontinent | of Bowel             | <b>47</b> . <b>0</b> |                 |                            |            |
| Psych. Hosp MR/DD Facilities 0.8   Physically Restrained 3.6 Receiving Mechanically Altered Diets 48.3 Rehabilitation Hospitals 0.0   Other Locations 7.2   Skin Care Other Resident Characteristics Deaths 38.9   With Pressure Sores 2.3 Have Advance Directives 86.1 Total Number of Discharges   With Rashes 13.2 Medications  |                                |       |                       |                      |                      |                 |                            |            |
| Rehabilitation Hospitals Other Locations Deaths Total Number of Discharges  0.0 Skin Care Total Number of Discharges  0.0 Skin Care Other Resident Characteristics Death Advance Directives 2.3 Have Advance Directives 86.1 Medications   |                                |       |                       |                      |                      |                 |                            |            |
| Other Locations7. 2   Skin CareOther Resident CharacteristicsDeaths38. 9   With Pressure Sores2. 3   Have Advance Directives86. 1Total Number of DischargesWith Rashes13. 2   Medications  |                                |       | Physically Restrained |                      | 3. 6                 | Recei vi ng M   | Lechanically Altered Diets | s 48.3     |
| Deaths 38.9 With Pressure Sores 2.3 Have Advance Directives 86.1 Total Number of Discharges With Rashes 13.2 Medications   |                                |       |                       |                      |                      |                 |                            |            |
| Total Number of Discharges With Rashes 13.2 Medications  |                                |       | 1                     |                      |                      |                 |                            |            |
|  |                                | 38. 9 |                       |                      |                      |                 | e Directives               | 86. 1      |
| (Including Deaths) 265   Receiving Psychoactive Drugs 61.3   |                                |       | With Rashes           |                      | 13. 2                |                 |                            |            |
|  | (Including Deaths)             | 265   |                       |                      |                      | Recei vi ng P   | sychoactive Drugs          | 61. 3      |

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|--|----------|---------|-------------|--------|-------|
|  | Facility | Based F | acilities   | Faci   | lties |
|  | %        | %       | Ratio       | %      | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 90. 1    | 88. 1   | 1. 02       | 84. 6  | 1.07  |
| Current Residents from In-County                     | 97. 0    | 83. 9   | 1. 16       | 77. 0  | 1. 26 |
| Admissions from In-County, Still Residing            | 34. 9    | 14. 8   | 2. 36       | 20. 8  | 1. 68 |
| Admissions/Average Daily Census                      | 83. 8    | 202. 6  | 0. 41       | 128. 9 | 0.65  |
| Discharges/Average Daily Census                      | 86. 0    | 203. 2  | 0. 42       | 130. 0 | 0. 66 |
| Discharges To Private Residence/Average Daily Census | 34. 7    | 106. 2  | 0. 33       | 52. 8  | 0. 66 |
| Residents Receiving Skilled Care                     | 93. 7    | 92. 9   | 1. 01       | 85. 3  | 1. 10 |
| Residents Aged 65 and Older                          | 84. 4    | 91. 2   | 0. 93       | 87. 5  | 0. 97 |
| Title 19 (Medicaid) Funded Residents                 | 81. 8    | 66. 3   | 1. 23       | 68. 7  | 1. 19 |
| Private Pay Funded Residents                         | 12. 9    | 22. 9   | 0. 56       | 22. 0  | 0. 59 |
| Developmentally Disabled Residents                   | 5. 3     | 1. 6    | 3. 38       | 7. 6   | 0. 70 |
| Mentally Ill Residents                               | 31. 8    | 31. 3   | 1. 02       | 33. 8  | 0. 94 |
| General Medical Service Residents                    | 30. 1    | 20. 4   | 1. 48       | 19. 4  | 1. 55 |
| Impaired ADL (Mean)*                                 | 58. 7    | 49. 9   | 1. 18       | 49. 3  | 1. 19 |
| Psychological Problems                               | 61. 3    | 53. 6   | 1. 14       | 51. 9  | 1. 18 |
| Nursing Care Required (Mean)*                        | 8. 7     | 7. 9    | 1. 10       | 7. 3   | 1. 18 |